

Special Series

We are beginning an experiment in THE WESTERN JOURNAL OF MEDICINE—a section devoted to incredulity and skepticism. As physicians grow busier, pragmatism and expediency become perhaps irresistible forces. And yet, the key to excellence in the practice of medicine is that physicians should always remain questioning, incredulous, and critical.

There are a number of areas in medicine in which wisdom has been accepted. Yet, there is value to having this wisdom examined, argued, and dissected. We begin here with a critical analysis by two equally articulate physicians of the issue of screening for cancer. Both authors make valid points, cite appropriate data, but come to somewhat different conclusions. That may be disturbing, but disturbing is better than complacent and may lead to new research and knowledge.

In future sections we hope to address such issues as migraine headaches, parenteral nutrition, the value of technologies, and perhaps new diagnostic and therapeutic processes as they become either faddishly attractive or a standard of practice.

We welcome your comments and suggestions.

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Screening for Cancer

Is It Worth It?

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A delay in diagnosing cancer is widely perceived to compromise severely a patient's chance of being cured. The unrealistic expectations of technology and of physicians' capabilities are inconsistent with modern knowledge of the natural history of cancer. Established and recent precepts in clinical oncology and tumor biology emphasize that inherent characteristics of a malignant neoplasm predict its dissemination, rather than a real or perceived delay in diagnosis. The processes of carcinogenesis and dissemination are more nearly simultaneous than sequential. Uncritical belief in the ability of most cancer screening techniques to provide cure through early detection may do more harm than good. Policy and efforts would be better directed to the primary prevention, detection, or reversal of preneoplasia and to improved therapy for established cancer.

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Useful Despite Its Limitations

STEPHEN J. MCPHEE, MD, *San Francisco, California*

Effective primary prevention strategies are currently available for only a limited number of types of malignant neoplasms. In the meantime, the most effective intervention for cancer control is screening for the early detection of cancer in otherwise asymptomatic persons. Screening is probably most useful for cancers wherein the stage at diagnosis is clearly related to curability. Early detection by screening has been shown to lead to a better outcome following the treatment of cancers of the breast, cervix, and colon. Screening for cancer also enables preneoplastic states to be detected and treated. Screening programs offer an opportunity to enhance the potential of chemoprevention. New cancer screening tests will soon be developed, including some that will detect known genetic predispositions to cancer. Each new screening test must be critically evaluated in rigorous studies before being embraced or rejected by clinicians and patients. In particular, screening efficacy must be demonstrated as judged by improved survival of those screened.

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(Meyers FJ: Screening for cancer—Is it worth it? West J Med 1995; 163:166-168)

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(McPhee SJ: Screening for Cancer—Useful despite its limitations. West J Med 1995; 163:169-172)

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This work was supported by grants Q55112 and CA54569 from the National Cancer Institute, US Department of Health and Human Services.

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